

# Outpatient Urinary Tract Infection (UTI-O) Episode

## Executive Summary

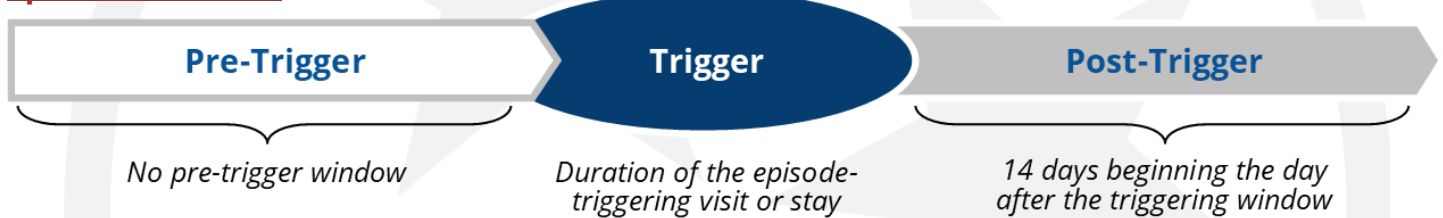
### Episode Design

- **Trigger:** UTI diagnosis
- **Quarterback type:** professional (provider who makes the diagnosis)
- **Care included:** all UTI-related care including imaging and testing, evaluation and management, and medications

### Sources of Value

- Effective use of imaging and testing (e.g., only necessary lab tests or CT scans)
- Appropriate and cost-effective selection of antibiotics, dosage, and length of treatment (e.g., select antibiotics based on empirical evidence and lab test results)
- Appropriate site of care
- Patient education (e.g., how to avoid potential reinfection)
- Appropriate follow-up care
- Reduction of complications (e.g., reinfections, septicemia)

### Episode Duration



### Quality Metrics

#### Tied to Gain-Sharing

- Admission within the trigger window for ED triggered episodes (lower rate is better)
- Admission within the trigger window for non-ED triggered episodes (lower rate is better)

#### Informational Only

- Emergency department visit within the post-trigger window
- Admission within the post-trigger window
- Pseudomembranous colitis within the post-trigger window
- Urinalysis
- Urine culture versus Urinalysis
- Renal ultrasound for children under two years old within the post-trigger window

### Making Fair Comparisons

#### Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., inpatient admission or observation stay during the episode window, coma, cystic fibrosis, end stage renal disease, indwelling catheter, multiple sclerosis, organ transplant, Parkinson's active cancer management, DCS custody)
- Patient exclusions: age (less than 1 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.